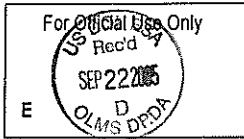


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11137</u>	2. Fiscal Year Covered From: <u>01/01/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name <u>PAUL E GARIBAY</u> P.O. Box, Bldg., Room No., if any Street <u>3700 WYANDOT ST.</u> City <u>DENVER</u> State <u>COLORADO</u> ZIP Code + 4 <u>80211</u>	4. Name, file number, and address of labor organization. Name <u>OPERATIVE PLASTER CEMENT MASON #577</u> Labor Organization File Number <u>031402</u> P.O. Box, Building and Room Number, if any Street <u>4515 W. 41ST AVE</u> City <u>DENVER COLORADO</u> State <u>COLORADO</u> ZIP Code + 4 <u>80212</u>
5. Position in labor organization. <u>Recording Secretary</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Paul E Garibay

On

9/13/05
Date

303 455-0885
Telephone Number

File Number U-

8. Name and address of Business (including trade name, if any).

Trade Name, if any: THIRD PARTY ADMINISTRATORS

P.O. Box, Bldg., Room No., if any

Street 2821 S. PARKER ROAD #1005

City AURORA

State Colorado ZIP Code + 4 80014

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name OPERATORS PLASTER CEMENT MASON

Trade Name, if any: UNION

P.O. Box, Bldg., Room No., if any

Street 4515 W. 41st Ave

City DENVER

State COLORADO ZIP Code + 4 80212

11.a. Nature of such dealing.

WORKING LUNCH AT TRUST MEETING \$15.00
WORKING LUNCH AT TRUST MEETING \$13.00
WORKING LUNCH AT TRUST MEETING \$11.00
WORKING LUNCH AT TRUST MEETING \$11.00
WORKING LUNCH AT TRUST MEETING \$10.00
WORKING LUNCH AT TRUST MEETING \$12.00

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name _____

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.